



2924 SE Lund Avenue, Port Orchard, WA 98366
(360) 876-2545 • Fax (360) 874-5030
www.customerservice@wsud.us

UTILITY ACCOUNT APPLICATION FORM

PLEASE PRINT

LAST NAME: _____

FIRST NAME: _____ M.I.: _____

PHONE #: _____ Email: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PROPERTY ADDRESS: _____

TAX ID #: _____

UTILITIES NEEDED

WATER SEWER

I/we request utility service(s) from West Sound Utility District at the property address listed on this application. I/we hereby agree to pay, comply with and use water and/or sewer service(s) according to the utility rates, development standards, rules and regulations of West Sound Utility District which are now in effect or implemented in the future. I/we further authorize representative of the District to enter upon the above listed property for utility inspection and service purposes.

SIGNATURE: _____ DATE: _____